

STANDARD AGREEMENT

STD 213 (DHS Rev 6/03)

Exhibit A-1

REGISTRATION NUMBER

AGREEMENT NUMBER

AMENDMENT NUMBER

03-75006

1 This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

(Also referred to as CDHS, DHS, or the State)

California Department of Health Services

CONTRACTOR'S NAME

(Also referred to as Contractor)

2 The term of this Agreement is: through

3 The maximum amount of this Agreement is: \$

4 The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A – Scope of Work	2 pages
Exhibit A, Attachment I - Takeover	92 pages
Exhibit A, Attachment II - Operations	308 pages
Exhibit A, Attachment III – Change Requirements	39 pages
Exhibit A, Attachment IV - Turnover	22 pages
Exhibit B – Budget Detail and Payment Provisions	2 pages
Exhibit B, Attachment I – Special Payment Provisions	49 pages
Exhibit C * – General Terms and Conditions	<u>GTC 103</u>
Exhibit D(F) – Special Terms and Conditions (Attached hereto as part of this agreement)	27 pages
Exhibit E – Additional Provisions	101 pages
Exhibit E, Attachment I – Bid Documentation Certification	1 page
Exhibit E, Attachment II – Change Order Pricing Proposal Form	2 pages
Exhibit F – Contractor's Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages
Exhibit H – HIPAA Business Associate Addendum	6 pages
See Exhibit E, Provision 1 for additional incorporated exhibits.	

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

These documents can be viewed at <http://www.ols.dgs.ca.gov/Standard+Language>.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

STATE OF CALIFORNIA

AGENCY NAME

California Department of Health Services

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Edward Stahlberg, Chief, Program Support Branch

ADDRESS

1501 Capitol Avenue, Suite 71.2101, MS 1403, P.O. Box 942732
Sacramento, CA 94234-7320

**California Department of
General Services Use Only**

☐ Exempt per: